

Post-Operative Instructions

Indwelling Urinary Catheter

Occasionally, patients experience temporary difficulty emptying their bladder after pelvic surgery. Swelling and discomfort can inhibit your ability to relax, the first step to a normal void. If you are unable to sufficiently empty your bladder, you may be discharged from the hospital with a temporary indwelling catheter. The temporary catheter will be secured to a leg bag that collects urine. Be sure the catheter collection bag is below the level of your bladder for proper drainage. If you have any questions on the care of your catheter, feel free to call our office. Within several days, you will be seen in the office to assess your ability to void and to have the catheter removed.

Items for Home Care

Have the following over-the-counter medications and items ready for use at home:

- NSAIDs (ibuprofen, Advil, Motrin, Aleve)
- Extra Strength Tylenol
- Stool softener (Colace or generic)
- Milk of magnesia
- Fleet disposable enema
- Epsom salt
- Commode sitz bath (Please ask the nurse at the hospital to supply)

Post-operative Medications

Resume your pre-operative medications unless instructed otherwise.

Pain Management

Every effort is made to minimize your discomfort; however, some pain after surgery is common, normal and to be expected.

If prescribed, take Tylenol #3 or Vicoden (two capsules every four to six hours) for incisional pain.

For additional pain relief you may take ibuprofen (three over the counter 200mg tablets, every six hours) with food for relief of breakthrough pain, swelling, and soreness. Tylenol #3/Vicoden work differently from ibuprofen and therefore may be used safely together, or in between doses, if breakthrough pain occurs.

Ibuprofen may be used alone to help alleviate mild to moderate pain, or discomfort in your legs and/or buttocks due to positioning for vaginal surgery.

Bowel Movements

Take Colace, or the generic equivalent, (one tablet in the morning and one in the evening) for stool softening. You may increase to two tablets twice a day. Depending on your surgery, Colace should be used for two to 12 weeks or as directed by your doctor. In addition to stool softening, it may be helpful to use a gentle bowel stimulant or laxative if you fail to have a bowel movement for two days (milk of magnesia, one to two tablespoons every six to eight hours as needed).

If you are unable to have a bowel movement after the third post-operative day, please call the office.

Vaginal/Vulvar Incision

You may have a vaginal/vulvar incision. If you are able to safely get in and out of the tub, a sitz bath (two cups of Epsom salt in six inches of warm tub water) for 20 minutes each day for two weeks will make you more comfortable. A commode sitz bath may also be used (two tablespoons of Epsom salt to warm water in commode sitz bath).

You may apply ice pack to the perineum (outside the vagina) for up to 20 minutes as often as needed.

If you notice stitches in the groin or buttock area, do not attempt to remove these. They are dissolvable sutures and will disintegrate on their own.

You may note vaginal bleeding or spotting for several weeks post-operatively. Please call if the bleeding becomes heavier than a period.

You may notice a yellow vaginal discharge, which may have a mild odor, for up to six weeks while the vaginal sutures dissolve.

Follow-up Visits

A post-op appointment should be scheduled for four weeks after your surgery. If you had a laparoscopy, hysteroscopy, or D & C, the post-op appointment may be in 2-3 weeks. If you had general anesthesia, you may feel tired the first two weeks. Keep moving, and you will recover more quickly.

If you feel feverish, take your temperature. If your temperature is greater than 100.5 degrees, please call the office.

Restrictions

Place nothing in the vagina for six weeks, other than vaginal estrogen cream if prescribed (no tampons, douche, intercourse, etc.). Some surgeries may require up to 12 weeks, ask your doctor. You may take stairs, touching each step with both feet (as a toddler does) for the first few days, then as tolerated.

If you had surgery for prolapse or incontinence, for the first two weeks, do not lift anything heavier than a full gallon of milk (8 pounds). For the next ten weeks, avoid heavy lifting (20 pounds). When lifting or bending to pick up things, bend at your knees, not your back. Protect your back as well as your surgery. You may walk up and down stairs as tolerated.

Do not drive until you are free of discomfort from your surgery. If you can walk up and down the stairs and get in and out of a chair without discomfort, you may drive.

Walking is a good, safe exercise. You may be able to resume walking for exercise in as little as two weeks. Remember to drink plenty of water when you exercise.

No tub baths, hot tubs/spas for two weeks. You may cool off in private swimming pools after your physician examines you.

Contacting the Doctor

If you have questions or problems after your surgery, Dr. Agosta or one of his partners are available 24 hours/day. To contact a physician, simply call the office phone number (586-254-3545). If the call is made after office hours, it will be directed to our answering service and they will page the doctor on call.

Visit our website at www.pelvic-medicine.com